Delmarva Foundation
SCQA
South Carolina Quality Assurance

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Provider
Address

Dear -------:

This letter serves as official notice that your organization is scheduled for a Quality Assurance Review under the guidelines established by the Quality Assurance Review Program in cooperation with the South Carolina Department of Disabilities and Special Needs. The review for your agency is scheduled to begin:

(Date) with Opening Conference beginning @ 10:00 A.M.
Your Lead Reviewer will be: XXXX
The Period in Review is: XXXX through XXXX

You will be notified immediately, but no less than 24 hours, of any change with scheduling.

The Delmarva Foundation review team will conduct an Opening Conference upon arrival. During this conference, review staff will be introduced and the procedures and process will be reviewed. We ask that you request key agency staff, you deem appropriate, to attend this conference. You will also need to identify a person as a point of contact to coordinate review activities and any other necessary communication during the review.

Enclosed is a list of requested documents. Upon arrival, we will provide the first list of individuals that were selected for the review sample. Please provide the requested Administrative information and files* immediately following the Opening Conference so that we may initiate (and conclude) review activities in a timely manner.

*These measures are necessary to ensure a fair and expeditious review. While certain documents may be brought in and accepted during the reconciliation process; according to SCDDSN directives, the following must be in the file presented for review: Freedom of Choice, Service Agreement, Level of Care and Annual Plan.

The duration of the review is contingent upon the number of individuals selected by SCDDSN as part of the sample and the number of Day and Residential Site Observations in your review sample. However, observations may be conducted at various times before, during, and after your scheduled review period.

We will conduct Reconciliation Conferences to ensure your designated liaison has the opportunity to look for verifying documentation the reviewer may not have located. We will conclude the review with a Closing Conference. I may be reached by telephone should you have questions regarding the contents of this letter. Thank you in advance for your anticipated cooperation.

Respectfully,

Phil Flohr
Project Director

cc: Teresa Abrams, Director of Contract Compliance & Quality Improvement

<u>Quality Assurance Review Preparation List</u>
<u>10-11</u>

Period in Review:
<u>XXX</u>

<u>Kindly complete & return the "Staff/Position & Title Request Form"
 prior to the review opening conference</u>

On the morning of your review prior to the Opening Conference provide the Lead Reviewer with a **list** of personnel along with their **hire dates** grouped by the following categories:

____Service Coordinators newly hired within period in review
____Service Coordinators hired prior to period in review
____Service Coordination Supervisors
____Service Coordinator Assistants

____Case Managers serving children in the PDD Program

____Early Interventionists newly hired within period in review
____Early Interventionists hired prior to period in review
____Early Intervention Supervisors

____Residential Directors (if hired or promoted to the position during period in review)
____Ten last Residential staff hires that are currently employed

____Day Directors (if hired or promoted to the position during period in review)
____Ten last Day staff hires that are currently employed

Administrative Review

The following items are needed to conduct the Administrative Review which will begin immediately following the Opening Conference:

Personnel Records:

The Review Team will need documentation verifying compliance with standards, manuals, and policies, as specified in A1-05 through A1-08 & A1-18, as well as G10-15, 16, & 27 for PDD Case Managers. Upon your receipt of the personnel list with the selected personnel files noted by the Lead Reviewer:

a) Please flag the requested information before the personnel files are delivered to the review team

b) Ask a liaison from your HR Department to assist reviewers in locating information in the personnel records

Additional information needed to verify adherence with the Administrative Indicators*:

____Identification of Human Rights Committee members with their start dates, as well as identification of member composition
____Verification of HRC initial training (for new members during review period) and tabbed ongoing training for all
____HRC Minutes
____Risk Management / Safety Committee Meeting Minutes
____Verification of analysis of a/n/e, CI, & death/impending death data and actions taken to prevent future a/n/e & CI and death as applicable
____Database of recorded/tracked, analyzed, trended medication errors including corrective actions
____A list of homes with names of their designated coordinators
____Outlier contracts including approved staffing grids, master schedule, and corresponding verification/confirmation of staff coverage (Logs, etc.)
____Verification of quarterly visits to all homes by upper-level management (tabbed by home)
____Monthly Administrative Review (Rehabilitation Supports) documentation
____Community Residential Admissions/Discharge/Transfer Reports with current STS/CDSS, a copy of the license for each applicable home, and the monthly census reports for the months of the admissions & transfers
____Statements of Financial Rights for all residential admissions during the period in review
____Verification that employees are made aware of False Claims Recovery Act & Whistleblowers' laws annually (verification will be reviewed for the personnel files selected for review)
____System for 24/7 access to assistance (Service Coordination providers only)

*subject to request for additional information

General Agency and Early Intervention File Review

Please provide a current **file index** for each service

The Review Team will provide a list of names/files to be reviewed each day. For each person, please provide (as applicable):

- File(s) with all required documentation* **including the current <u>and</u> previous year's Plans (Support Plan, Residential Plans, Day Plans, etc.) as well as current and previous year's assessments and data.**
- CDSS/STS Segment 6
- Tab the requested files distinguishing which file is for which service; Service Coordination, Residential, Behavioral Support, Medical, Day, Supported Employment, Individual Rehabilitation Supports, etc.

- EI: File(s) with all required documentation* for the period in review **including previous** IFSP/FSP
- CDSS/STS Segment 6 or 7 as applicable
- EI: Flag each requested EI file designating whether BabyNet only or DDSN within the period in review
- EI: ISRs for each EI file requested (If filed in separate notebook, please locate and tab the pertinent ISRs)

*According to SCDDSN directives, the following documents, as applicable, must be in the file when presented for review:
Freedom of Choice
Service Agreement
Level of Care
Annual Plan
Additional information may be requested as applicable.

5/20/10 CS